

1296

One number of each, an order or birth stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
County of <u>Pima</u>				BUREAU OF VITAL STATISTICS <u>122</u> State Index No. <u>843</u>			
District of _____				ORIGINAL CERTIFICATE OF BIRTH Co. Register No. <u>149</u>			
Town of <u>Miami</u>				Local Registrar's No. _____			
or City of _____ (No. _____ St. _____ Ward _____)							
FULL NAME OF CHILD <u>George James Berryman</u>				Born		YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive		NO	
Sex of Child	<u>Male</u>	Twin, Triplet or other		and	Number in order of birth	Legitimate?	Date of Birth
							<u>June 11, 1915</u>
							(Month) (Day) (Yr.)
FATHER				MOTHER			
Full Name <u>James Berryman</u>				Full Maiden Name <u>Victoria Violetta Hobbs</u>			
Residence <u>Miami</u>				Residence <u>Miami</u>			
Color or Race <u>White</u>		Age at last Birthday <u>30</u> (Years)		Color or Race <u>White</u>		Age at last Birthday <u>28</u> (Years)	
Birthplace <u>England</u>				Birthplace <u>England</u>			
Occupation <u>Miner</u>				Occupation <u>Housewife</u>			
Number of child of this mother.		Number of children, of this mother, now living.		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on the 11th of June 1915, at 10 P. M.

{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. D. Miller
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191.....

Address John H. Lacy
LOCAL REGISTRAR.

Filed June 15 1915

A True Copy

Filed July 5 1915

COUNTY REGISTRAR.

COUNTY REGISTRAR.